

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-046966
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 208

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant Twp.		c. CITY OR TOWN Nevada Rt 3	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D O A Bates Co Hosp.		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ORVILLE L. COVINGTON			4. DATE OF DEATH Month Dec. Day 16 Year 1963		
5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/5/30	9. AGE (last birthday) 33	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) fieldman		10b. KIND OF BUSINESS OR INDUSTRY Federal Crop Insurance		11. BIRTHPLACE (City and state or country) Bates County, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Lewis Charles Covington			
13b. MOTHER'S MAIDEN NAME Minnie Lee Cowan		14. NAME OF HUSBAND OR WIFE Patsy Ruth Covington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service yes Korean War		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Patsy Ruth Covington, Nevada, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple head & chest injuries DUE TO (b) Immediate DUE TO (c) Immediate		INTERVAL BETWEEN ONSET AND DEATH Immediate	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car-truck collision	
20c. TIME OF INJURY Hour 10 a.m. 12-16-63			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 71 - 1 mile S	20f. CITY, TOWN, OR LOCATION Butler	COUNTY Bates	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **10 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas C. Ronald	(Degree or title) Coroner	22b. ADDRESS Butler Missouri	22c. DATE SIGNED 12-20-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-18-1963	23c. NAME OF CEMETERY OR CREMATORY Eldorado Springs Cemetery	23d. LOCATION (City, town, or county) (State) Eldorado Springs, Missouri
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24. FUNERAL DIRECTOR Ferry Funeral Home	ADDRESS Nevada Mo.	25. DATE RECD. BY LOCAL REG. 12-20-63	26. REGISTRAR'S SIGNATURE Norman Wilson
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	10070	1080	1085
3	0	1	
4	0		
5	1		
6			
7	0		
8	2		
9	X		
10			
11	007		
12	92-3		
13	10		

JAN 17 1964

JAN 28 1964

MAR 11 1964

MAR 27 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John L. Underwood

Licensed Embalmer No. 3551

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.